

MUNICIPAL SOLID WASTE COLLECTOR FORM - FORM D

Form D: To be filled by municipalities those have an Intergovernmental Agreement for solid waste collection for residential collection service.

DATE: _____

A1. Name of Municipality: _____

A2. Name of the additional Municipalities, if contract includes multiple municipalities: _____

B. County: _____ C. Population: _____

D. What company provides the municipality's current residential solid waste collection service: _____

1. What is the length of the agreement (years): _____

2. Time period of agreement: began _____ expires _____

3. Describe the residential service provided in the agreement. For example: Curbside, 2 - 32 Gallon cans, twice a week.

4. Does the agreement include bulk pickup?

a. Yes, what is the schedule: _____

b. No, how is it provided? _____

5. Does the agreement include recycling?

a. Yes, what is the schedule: _____

b. No, how is it provided: _____

E. Number of trucks the contractor has dedicated to the municipality for collection? _____

F. Number of stops _____

G. How much does one year of service cost \$ _____

H. Is disposal included in the service? Y _____ N _____

I. If NO how much is spent annually on disposal \$ _____

J. Cost per ton \$ _____

K. At what facility is the solid waste disposed _____

L. Tons disposed of in previous calendar year _____

M. Person to contact concerning solid waste issues in your municipality: _____

N. Phone number of contact person: _____

O. Email for contact person: _____

Certification Statement

The person completing this form certifies that to the best of his/her knowledge and belief that all information provided in this form are true and correct, and further understands and agrees that the New Jersey Department of Environmental Protection may request additional information or copies of municipal documents that pertain to solid waste collection, which shall be promptly provided.

Name of Person completing this form: _____ **Date:** _____

Title: _____ **Phone #:** _____

Mayor: _____ **Mailing Address:** _____

Please return the completed form to:
NJDEP, Division of Solid and Hazardous Waste 401
E. State Street
Mail Code 401-02C
Trenton, New Jersey 08625-0420
Or e-mail to Patricia Badessa at swutility@dep.nj.gov

If you have any questions, please call Patricia Badessa at (609) 984-9759 or email at swutility@dep.nj.gov.